

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 12201	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Miguel A Puentes  P.O. Box, Bldg., Room No., if any  Street 54 Edson Avenue  City Waterbury  State Connecticut ZIP Code + 4 06705	4. Name, file number, and address of labor organization. Name New England Regional Council of Carpenters  Labor Organization File Number 540-823  P.O. Box, Building and Room Number, if any  Street 803 Summer Street  City Boston  State Massachusetts ZIP Code + 4 02127-1616
5. Position in labor organization. Trustee	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 

On 8/12/2005  
Date

(203) 650-5407  
Telephone Number

Name of Person Filing Miguel Fuentes

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Contributions to the New England Carpenters Labor Management Fund are determined by the CBA and a joint board of trustees representing labor and management oversees the operations.

11.b. Approximate dollar value of such dealing. \$1,800,000

12.a. Nature of interest held or income received.

Lodging for Trustee meeting on 2/12/2004- \$196.00

Lodging for Trustee meeting on 6/17/2004- \$196.00

Lodging for Trustee meeting on 9/16/2004- \$218.00

12.b. Amount. \$608

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

# **DISCLAIMER**

The transactions and income received as detailed in Section 12 of the attached Form LM-30 represent my good faith effort to reconstruct reportable occurrences from January 1, 2004 to December 31, 2004. I did not maintain records of reportable occurrences during 2004, and it is possible that some reportable items have been unintentionally omitted. If I subsequently learn of a transaction or interest that should be reported for that time period, I will file an amended Form LM-30.

A handwritten signature in black ink, appearing to read "Miguel A. Fuentes", with a long horizontal flourish extending to the right.

Miguel A Fuentes

8/12/05